

## TOWN OF STOW



## NEW CONSTRUCTION

## APPLICATION FOR PERMIT TO BUILD

DATE SUBMITTED \_\_\_\_\_

Permit# \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

FEE \_\_\_\_\_

ELECTRICAL FEE \_\_\_\_\_

THE ACCEPTANCE OF THIS APPLICATION SHALL NOT BE DEEMED AS AN APPROVAL TO PROCEED WITH THE CONSTRUCTION. PERMIT APPLICATIONS WILL NOT BE CONSIDERED FOR ISSUANCE UNLESS ALL REQUIRED DATA IS SUBMITTED WITH THIS APPLICATION. PLEASE TYPE OR PRINT IN BLACK INK.

## 1. LOCATION

NO. \_\_\_\_\_ STREET \_\_\_\_\_ LOT NO. \_\_\_\_\_ ASSESSORS \_\_\_\_\_  
 ZONING DISTRICT \_\_\_\_\_ LOT AREA \_\_\_\_\_ S.F. LOT FRONTAGE \_\_\_\_\_ MAP - PARCELS \_\_\_\_\_  
 DESCRIPTION OF PROPOSED WORK \_\_\_\_\_

## SETBACKS:

LEFT SIDE \_\_\_\_\_ RIGHT SIDE \_\_\_\_\_  
 FRONT \_\_\_\_\_ REAR \_\_\_\_\_

NO. BEDROOMS \_\_\_\_\_  
 SQUARE FOOTAGE : FIRST FLOOR \_\_\_\_\_ SECOND FLOOR \_\_\_\_\_ GARAGE \_\_\_\_\_ DECKS \_\_\_\_\_  
 BASEMENT \_\_\_\_\_  
 NEW BUILDING \_\_\_\_\_ ALTERATION \_\_\_\_\_ ROOFING \_\_\_\_\_ SOLAR \_\_\_\_\_ POOL \_\_\_\_\_ ADDITION \_\_\_\_\_  
 REPAIR \_\_\_\_\_ SIDING \_\_\_\_\_ DECK \_\_\_\_\_ DEMOLITION \_\_\_\_\_ MECHANICAL \_\_\_\_\_  
 CHANGE OF USE/OCCUPANCY \_\_\_\_\_ In wetland district (100 ft. buffer) \_\_\_\_\_  
 Variance approved \_\_\_\_\_ Notice of intent filed \_\_\_\_\_  
 Cost of contract for construction without land \_\_\_\_\_  
 Fee will be calculated by Inspector of Buildings

## OWNER, TENANT, ARCHITECT AND CONTRACTOR INFORMATION

TITLE NAME ADDRESS PHONE

OWNER \_\_\_\_\_

TENANT \_\_\_\_\_

ARCHITECT \_\_\_\_\_

ENGINEER \_\_\_\_\_

CONTRACTOR \_\_\_\_\_

OTHER \_\_\_\_\_

CONTRACTOR'S LICENSE NUMBER \_\_\_\_\_

CONTRACTOR'S REGISTRATION NUMBER \_\_\_\_\_

## CERTIFICATION (READ BEFORE SIGNING)

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE HAS EXAMINED THIS APPLICATION AND THAT THE PROPOSED WORK IS SUBJECT TO THE PROVISIONS OF THE MASSACHUSETTS STATE BUILDING CODE AND OTHER APPLICABLE LAWS AND ORDINANCES ACCURATELY REPRESENTED IN THE STATEMENTS MADE IN THIS APPLICATION AND THE WORK SHALL BE CARRIED OUT IN ACCORDANCE WITH THE FOREGOING STATEMENTS AND IN COMPLIANCE WITH THE PROVISIONS OF LAWS AND ORDINANCES IN EFFECT ON THE DATE OF THIS APPLICATION. I FURTHER CERTIFY THAT NO OCCUPANCY OR USE OF THE STRUCTURE BUILT HEREUNDER SHALL OCCUR UNTIL THE BUILDING INSPECTOR ISSUES AN OCCUPANCY PERMIT (SEPARATE APPLICATION).

OWNER ACTING AS CONTRACTOR/SUPERVISOR \_\_\_\_\_

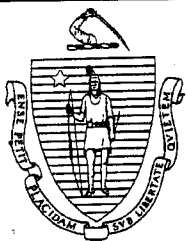
SIGNATURES

APPROVED FOR ISSUANCE

OWNER

CONTRACTOR

INSPECTOR OF BUILDINGS



**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, MA 02111**  
**www.mass.gov/dia**

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** **Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

1. ☐ I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †

4. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have workers' comp. insurance.
5. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

**Type of project (required):**

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.***

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

***I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Official use only. Do not write in this area, to be completed by city or town official.**

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (circle one):**

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_



Town of Stow  
Conservation Commission

380 Great Road P.O. Box 261  
Stow, Massachusetts 01775-0261

(508) 897-5098  
FAX (508) 897-4534

**Application For Clearance Prior To Issuance Of A Building Permit**

Location of Property: \_\_\_\_\_  
Address \_\_\_\_\_ Map & Parcel # \_\_\_\_\_  
Property Owner: \_\_\_\_\_  
First/Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Town/State/Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Describe Work Proposed:**

Include sketch or plot plan showing existing structures, proposed work, placement of both well and septic system, wetlands marking, ie, floodplain, pond, brook, river, etc.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Do Not Write In This Space**

( ) The work proposed for the area shown on the plan is **not within the jurisdiction** of the Conservation Commission according to MGL CH 131, Sec. 40 and the Town of Stow Wetlands Bylaws.

( ) The work proposed for the area shown on the plan is **within the jurisdiction** of the Conservation Commission under MGL CH 131, Sec. 40 and the Town of Stow Wetlands Bylaw. The applicant is required to submit the following filing to the Conservation Commission. ( ) **Request for Determination** ( ) **Notice of Intent**

( ) The following conditions shall apply to this clearance: \_\_\_\_\_

**Site Inspection Report:** (Use back of form if more space required.)

Commissioner: \_\_\_\_\_

Date: \_\_\_\_\_



Town of Stow  
**PLANNING BOARD**

380 Great Road  
Stow, Massachusetts 01775  
(978) 897-5098  
FAX (978) 897-4534

**Application For Clearance Prior To Issuance Of A Building Permit**

Location: \_\_\_\_\_ *Map & Parcel =*

Subdivision Name: \_\_\_\_\_ *Lot #*

Owner/Applicant: \_\_\_\_\_

Owner/Applicant Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner/Applicant Signature: \_\_\_\_\_

*Do not write below this line*

☐ The above reference lot has not been approved by the Planning Board. The following approvals are required prior to issuance of a building permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ The above referenced lot has been approved by the Planning Board, however the following conditions shall be met prior to issuance of a building permit.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ The above referenced lot has been approved by the Planning Board and is cleared for issuance of a building permit.

Issued By: \_\_\_\_\_

Date: \_\_\_\_\_



OFFICE OF THE  
INSPECTOR OF BUILDINGS

STOW, MASSACHUSETTS 01775

INFORMATION CLEARANCE  
BOARD OF HEALTH

Date \_\_\_\_\_

Name(s) and address of property owner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No.

\_\_\_\_\_

Location of Property

\_\_\_\_\_  
\_\_\_\_\_

Property Map and Parcel No.

\_\_\_\_\_

Scope of Work:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

=====

Board of Health Approval

by: \_\_\_\_\_